



Bayer CropScience

May 28, 2009

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of April 2009

Dear Sir/Madam:

Reportable incidents accumulated for the month of April 2009 for Bayer CropScience and Bayer Environmental Science are attached.

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information may not constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

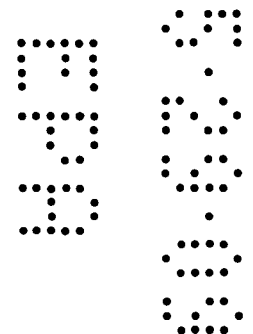
If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: Susan Sutherland, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment



Personal privacy information

- 007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 459146
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Rutherford, NJ USA Chronic: >3 months</i>	Date registrant became aware of incident. <i>04/15/2009</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>72155-80</i>		EPA Registration # (Product 2)	
	A.I. (s) <i>Beta-Cyfluthrin, sodium o-phenylphenate</i>		A.I. (s)	
	Product 1 name <i>Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (24 oz)</i>		Product 2 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?	
	Formulation <i>Liquid</i>		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>Yes</i> Intentional misuse? <i>Yes</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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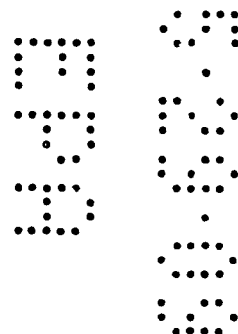
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Krumholz, Travis Apr 15 2009 9:37AM

Caller is psychologist. Wondering what could happen to an individual if he was using this product daily for 5+ years in the home? Says this man show signs of memory impairment and hyperactivity. Could only confirm product with AI and name. Unknown exposure here.

A: Sxs stated are not expected with proper use assuming he wasn't exposed. Explained that exposures to skin or by inhalation with a mist may cause irritation, but again would not expect neurological issues discussed. Consider other causes here.



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Demographic information: Age: 70 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: Unable to determine	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse effects Neurological-Agitated/irritable Neurological-memory problems		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: >3 months Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
459146